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ABSTRACT

The Pendleton Project is a regional interdisciplinary project designed to deliver behavior treatment to children in trouble. The project provides both inpatient and outpatient services, and includes family counseling as well as support services. This document is the fifth operational report of the Project, and summarizes activities for the six months from July-December 1975. During this aspect of the Project, the program was refined, service delivery was improved and public support was increased. Internal management structure was strengthened by a more detailed organizational design. The report includes papers on attempts to discover behavioral antecedents among problem children, early treatment possibilities, and treatment programs. (NG)

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THE PENDLETON PROJECT

SEMI ANNUAL REPORT

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Submitted January 10, 1976

by

RICHARD POOLEY, Ph.D
Director

CG 010 609

THE PENDLETON PROJECT

SEMI-ANNUAL NARRATIVE REPORT

DJCP GRANT #75-A3006

Submitted by

Richard C. Pooley, Ph.D.

to

The Division of Justice and Crime Prevention

Richmond, Virginia

Virginia Beach, Virginia

January 10, 1976

DJCP-49-NR
(Revised 6-17-75)

DJCP ACTION GRANT
SEMI-ANNUAL NARRATIVE REPORT

Applicant

Grant # 75-A3006

Program Administrator

Grant Period July 1,1975 to June 30,1976

Date of this report

Signature of person preparing the report Richard C. Pooley PhD.

Title Project Director

The semi-annual narrative report is a written statement describing what has occurred since the grant was approved or since the last narrative report was submitted. It is useful to both the applicant and the DJCP in that it provides a means of assessing the progress of the program.

An adequate narrative must provide the following information:

1. Describe what has been accomplished since the program started or since the last narrative report was prepared.

2. State whether what has been done as of the date of this report is on schedule and in agreement with the approved application.

Where there is a deviation, explain what the cause is.

3. Indicate if the program will be completed within the time limit set in the grant period.

If it will not be completed within this time linit, explain the delay.

4. Discuss any problems which may have been encountered and have not previously been discussed.

5. If the action grant number starts with a 74, answer the following questions:

I) Will the grant funds be obligated prior to 7/1/76?

(YES) NO

II) Will the grant funds be expended prior to 10/1/76?

(YES) NO

Please do not attempt to answer questions 1 through 4 on this page. Use additional pages as needed.

Mail two copies of the narrative report including this page which identifies the file, to the Division of Justice and Crime Prevention, 8501 Mayland Drive, Richmond, Virginia 23229.

The report must be filed on or before January 10, 1976.

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All of the Pendleton Project Staff is to be acknowledged for the steadfast work which they do to make the Project a success. Their names are listed in Chapter V.

Special thanks to those who contributed the something extra that makes thorough reporting possible. Richard Shea, Bong-soo Eun, Joe O'Rourke, and Alison Ruttenberg were instrumental to the supervision and organization of the information that appears in the chapters of this report. Specific project operations are summarized here together with the names of those who documented each program: Career Awareness Program, Henry Lee; Social Competence Program, Ann Ackerman and Jody DeCaro; Teacher Training Program, Bong-soo Eun; Case Studies, Peter Prizzio and Sandy Rice; Mini-Research Projects, Ray Bloomer, Mary Johnson, and Peter Prizzio.

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The Project is grateful to the Management Board (Chapter V), the Cities of Chesapeake and Virginia Beach, the Division of Justice and Crime Prevention, and the Law Enforcement Assistance Administration for their continued support in making this Project possible.

Richard C. Pooley, Ph.D.
Project Director

PREFACE

This report is the fifth in a series of Semi-Annual Progress Reports on The Pendleton Project since the operational phase began in June, 1973. Reports prior to this time consisted of one or two page documents which summarized the activities of the planning phase of this Project.

The first operational report was submitted on January 4, 1974. It summarized Project build-up in terms of staff appointments, building construction, preliminary trial of out-client service delivery and the current appointments of Management Board and its committees. The philosophy of the Project was summarized together with current diagnostic, treatment and training activities. All previous planning reports were included, as well, in an appendix to the report (January, 1974). That report serves as an historical review of the early developmental stages of the Project.

The second operational report was submitted on July 10, 1974. It again reported on staff build-up and training and Management Board membership. Tooling up of the physical plant including equipment and materials was summarized. The development of the residential day-care program and its results together with the continuing development of out-client services was presented. The build-up of activities in community relations was specified. During this period, some internal personnel management problems developed. Problem analysis and management action together with a modified internal management structure was reported here (July, 1974). That report emphasizes the second stage of operational development and the problems associated with such growth.

The third operational report was submitted on January 10, 1975. Management Board members and associated committees together with staff distribution was again specified. The planning and development of the 24 hour residential treatment program and associated services was presented in detail. Anecdotes of eight typical cases were presented together with behavioral data to support the claims of outcome. Descriptive statistics and research results of all treatment activities were reported including our expanding use of community resources (January, 1975). That report delineates the approach to and the establishment of the Project as a novel, full-blown human service delivery system.

The fourth report, July 10, 1975, is similar in nature to the previous report (January, 1975). It updates descriptive statistics of treatment activities, training, agency involvement, and public relations. During this reporting period, full scale treatment delivery has been maintained and refined. These activities will continue throughout. Agencies elsewhere have begun to express a strong interest in our work and indicate that they hope to replicate the process in their communities. In addition to this, developmental emphasis has been placed on the design and implementation of refined measurement techniques in order to assess the effectiveness of Project procedures. Future plans include the development of a system that can identify, diagnose and treat children in trouble. The system is intended to administer this process with a high flow-rate of clients and a high degree of success. Our objective is to establish procedures that will effectively divert children in trouble from the Juvenile Justice System to a productive life in the community.

The report presented here (January 10, 1976) summarizes Project activities for the interval of July 10, 1975, to December 31, 1975. This period has been characterized by program refinement, improved service delivery and enthusiastic public interest and support. The internal management structure has been strengthened by a more detailed organization design. The American Public Welfare Association (APWA) gave national recognition to the Pendleton Project for creative and administratively sound contributions to the development of programs to serve children in trouble. A paper on the Management Design of the Project was presented by the Project Director at the APWA National Conference in New Orleans. The Project is currently being reviewed by the U. S. Department of Justice, Law Enforcement Assistance Administration, National Institute of Law Enforcement and Criminal Justice for Exemplary Project Status. During the next year we intend to continue our concerted efforts in service delivery, program development and research. In order to insure continued funding, additional emphasis will be placed on identifying and structuring the mechanisms for continuing financial support for the Project. An advisory committee to the Management Board has been appointed to carry out this task.

Richard C. Pooley, Ph.D.
Project Director

CHAPTER I

Introduction

The Pendleton Project is a category C-1 Juvenile Delinquency Prevention Program serving the cities of Chesapeake and Virginia Beach in Southeastern Virginia. It is a community based treatment center directed toward re-educating children with behavioral problems and their families such that future maladaptive behavior is unlikely to occur.

Emphasis is placed on treating those behaviors that suggest antisocial development which is likely to result in contact with law enforcement officers, the courts or correction agencies. The Project resources are designed to treat behavioral disorders that may be a function of inappropriate learning, perceptual or learning disabilities, or emotional adjustment difficulties. The Project's intention is to intervene where antisocial behavior exists, whenever reasonable and proper, early enough to prevent the child from becoming involved with the Juvenile Justice System.

The effects on the system are regarded as being: (1) to reduce the necessity for interaction between law enforcement and children, (2) to reduce the probability of adjudication by providing reasonable alternatives, and (3) to prevent the necessity for incarceration by providing appropriate treatment in the natural environment. It is believed that this effort will relieve, to a reasonable degree, the already overloaded burden of the Juvenile Justice System and have a significant effect, here and elsewhere in the future, on the reduction of juvenile delinquency.

The objectives may be stated as: (1) to discover the ongoing antecedent behaviors that may lead to future antisocial behavior and result in a maladaptive life style, (2) to develop a comprehensive treatment program to correct antisocial development as early as possible, (3) to develop new resources and coordinate existing resources, (4) to measure the effectiveness of the work.

OBJECTIVE I. TO DISCOVER ONGOING ANTECEDENT BEHAVIORS THAT MAY LEAD TO FUTURE ANTISOCIAL BEHAVIOR AND RESULT IN A MALADAPTIVE LIFE STYLE

Summary

At present, information regarding demographic, developmental, behavioral, self-concept, psychomotor, and socialization variables are collected on each referral to the Project.

During this report period, a preliminary factor analysis was completed on the first 90 items of the Demographic Data Form (DEM). This work was done in accordance with a sub-contract with Old Dominion University. The results indicate that the DEM can discriminate at least eight factors of interest to us. At least one factor exists in each child's background. All items deemed significant for interpretation have factor loadings of .40 or greater. The solution is based on Thurstone (1947) five criteria for simple structure.

Analyses of Demographic Data Form DEM

It is hypothesized that there is a relatively small number of different subscales which accounts for much of the variability in the questions asked on the Demographic Data Form. The identification of scales involved the description of a large number of questions

in terms of a few relatively independent factors. It is assumed that the number of subscales will vary between one, the case when all questions were located on and described by one axis, and N, the total number of questions on the Demographic Data Form, the case when each question is located on and described by its own independent axis.

An R-mode factor analysis was used to determine whether there were identifiable subscales with respect to the questions asked on the Demographic Data Form. In order to determine whether or not there were identifiable subscales, an R-mode factor analysis was completed using a sample of 220 students from the Pendleton Project as cases and the 126 questions on the Demographic Data Form as variables. the OLD DOMINION UNIVERSITY SPSS FACTOR ANALYSIS PROGRAM was utilized for factoring. Each factor selected for interpretation accounted for a minimum of 2% of the variability among the subjects.

Eighty-eight orthogonal factor axes accounted for 100% of the variance. However, only eight of these factors accounted for a minimum of 2% of the variability within the questions. The remaining eight factors accounted for 62.7% of the variability among the 126 questions. These eight factors were rotated to the varimax criterion, and the solution was tested to determine if it satisfied the criteria for a simple structure solution.

Thurstone (1947), in his book Multiple Factor Analysis, sets forward an objective definition of simple structure and an accompanying objective procedure for a simple structure solution. By way of definition, Thurstone states, "If a reference frame can be found

such that each test vector is contained in one or more of the... coordinate hyperplanes, then the combined frame and configuration is called a simple structure (p. 328)." Thurstone's (p. 335) criteria for a simple structure solution is as follows:

1. Each row of the factor matrix should have at least one zero.
2. If there are m common factors, each column of the factor matrix should have at least m zeros.
3. For every pair of columns of the factor matrix there should be several variables whose entries vanish in one column but not in the other.
4. For every pair of columns of the factor matrix, a large proportion of the variables should have vanishing entries in both columns when there are four or more factors.
5. For every pair of columns of the factor matrix, there should be only a small number of variables with non-vanishing entries in both columns.

If the multiple-factor solution satisfies the five criteria listed above, it is to be accepted as stable and ready for interpretation.

The orthogonal rotation of these eight factors did not yield an acceptable solution in terms of Thurstone's conditions for simple structure. An oblique rotation was performed. The oblique factors provided a solution that more nearly met the criteria for simple structure.

The eight reference vectors were identified as Subscales I, II, III, IV, V, VI, VII, VIII. Variables that had the highest factor loading on the same factor were identified as members of a subscale. Variables within each factor were considered of primary significance if the variable had a rotated factor loading of .40 or higher on the primary reference vector.

It was necessary to interpret and describe the membership of the questions in each subscale. Interpretation consisted of

examining all questions within a subscale and assigning a descriptive term which, in Pendleton Project personnel's judgment, identified the common characteristics of the scales (Cunningham, 1975).

The following are the names and description of each of the eight subscales.

Factor I: Referral child is the oldest child who belongs to clubs or participates in extracurricular activities. The child is described as hyperactive by his parents. The mother has been married more than once, has some college education up to and including a degree. She is relatively young (i.e., 20's to 40's). Her current husband is older (i.e.,>50 years).

Factor II: Referral child exhibits physical symptoms of disease; he is excused from physical education classes and his immunization record is not current.

Factor III: Child lives with non-natural parents (i.e., foster or one step-parent). He is the oldest child and belongs to clubs, etc. The mother is from a broken home; she is older (i.e., 50 to 60 years) and married more than once (cf. Factor I).

Factor IV: Child is legitimate and probably living with natural parents (i.e., both natural parents are alive). He attends public school, appears to have normal development and has a current immunization record. Factor IV correlates very low with Factor II. (These are probably control subjects RCP).

Factor V: Father is younger (i.e., 20 to 29) married more than once, often more than three times. Mother is a college graduate. Mother's age is not a factor.

Factor VI: Child is living with two parents and the father is likely to be natural. Child belongs to clubs, etc. Almost no variables correlated with Factor V.

Factor VII: Child is other than the youngest child in a multi-child family. Both parents are middle aged (i.e., 30 to 49).

Factor VIII: Child is the youngest in the family.

These preliminary results will be refined in order to clearly discriminate between appropriate and non-appropriate referrals. Furthermore, the emerging factors may determine sub-groupings of referral subjects such that generalized treatment plans may be developed for each sub-group. The generalized treatment plans will be flexible to accommodate individual differences within the sub-groupings.

Similar analyses will be carried out on all protocols in our research packet.

CHAPTER II

OBJECTIVE II. TO DEVELOP A COMPREHENSIVE TREATMENT PROGRAM TO CORRECT ANTISOCIAL DEVELOPMENT AS EARLY AS POSSIBLE

Actual and Potential Status and Criminal Behavior

Children who are referred to the Pendleton Project exhibit a variety of behavioral problems, ranging from actual status and criminal offenses to status and criminal behaviors which would result in police or court contact, if detected, to seriously disruptive behaviors in the home and classroom.

TABLE II-1

Police Court Involvement*

		# of Cases	%	CF	CP
A.	Potential Status Behaviors	73	18.4	73	18.4
B.	Potential Criminal Behaviors	34	8.6	107	27.0
C.	Potential Status and Criminal Behaviors	46	11.6	153	38.6
D.	Actual Status Offenses	36	9.0	189	47.6
E.	Actual Criminal Offenses	47	11.8	236	59.4
F.	Actual Status and Criminal Offenses	34	8.6	270	68.0
G.	Serious Disruptive Behaviors but no Potential or Actual Offenses	127	32.0	397	100.0

*These categories are mutually exclusive so that each case is recorded in one category only.

Table II-1 indicates the number of children referred to the Pendleton Project who have exhibited actual or potential status and/or criminal behaviors as well as the number of children referred who displayed neither status nor criminal behaviors, but exhibited antisocial behaviors at a high frequency.

Pendleton treatment efforts must encompass a broad range of problems, from the seriously disruptive child to the child who has committed actual status and criminal offenses.

Treatment Procedures, Case Studies

Examples of Pendleton treatment procedures have been presented in the January 1975, and the June 1975, Pendleton Project Semi-Annual Reports. The two anecdotes that follow illustrate examples of treatment approaches which have not been described previously. The mini research projects #1, #2, and #3 depict the experimental validation of typical treatment procedures employed by the Pendleton outclient treatment team (Project Services Team).

Self-control of Talking-out Behavior

Chris is an eight year old white male who lives in Chesapeake with his mother and seven year old sister. He was referred in May 1975, by his second grade teacher, Ms. J., because he had been a constant source of disruption for most of the school year. His behavior was becoming increasingly disruptive and out of control. The teacher had tried numerous techniques to stop Chris from disturbing the class without success. Chris had been sent to the principal's office three or four times during the school year. Eventually his mother became involved with the school by punishing Chris for his misbehavior at school. This seemed to have no effect on controlling his behaviors. After observing Chris in school, the following target behaviors were identified: talking out, out of seat, daydreaming, refusal to do work, and lying.

The treatment approach used with Chris was a "self-control" program (Kanfer, 1970; Thoresen and Mahoney, 1974; Mahoney and Thoresen, 1974). This was utilized because it was felt it would place most of the responsibility on Chris and not on his teacher. In developing self-control, Chris would monitor his own behavior and reward himself whenever it was appropriate. The design was as follows:

Phase A. Ms. J. counted the frequency (baseline) of Chris' "talking out" behavior. (Ms. J. considered this to be the most important behavior and she continued to collect data on this behavior throughout the program).

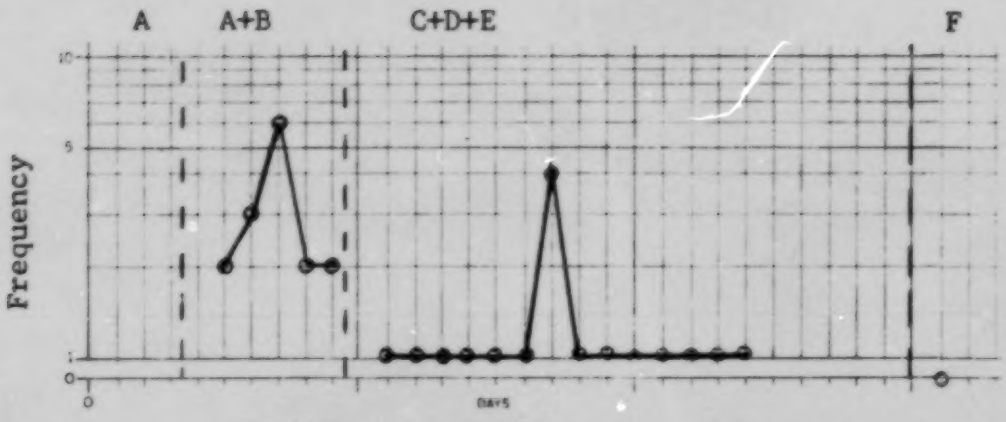
Phase B. Chris took a baseline on his "talking out" behavior.

Phase C. A contract was set up where Chris could play a game one half hour every night with his mother if he brought home his monitoring sheet with no more than two instances of talking out per day. Chris was responsible for making sure he had a monitoring sheet each day and for bringing it home. As a bonus, Chris could leave class fifteen minutes early on Friday to go to the cafeteria for ice cream, if he had ten or less occurrences of "talking out" for the week.

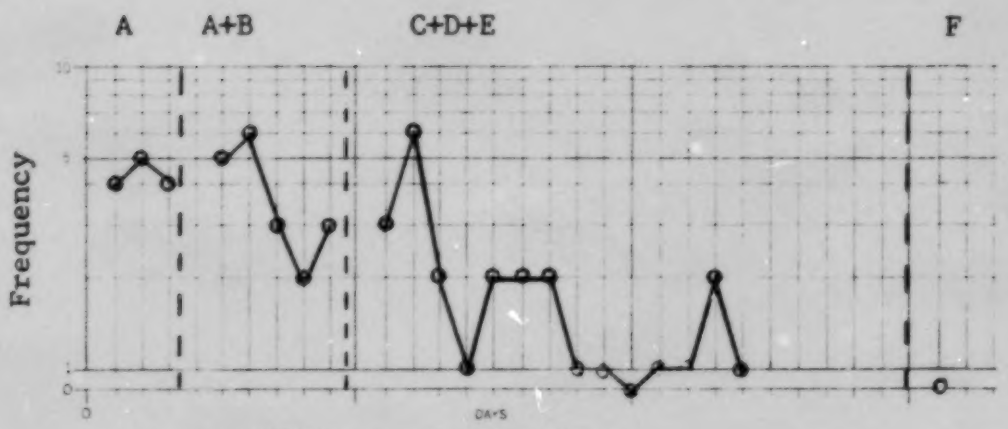
Phase D. If Chris' data differed greatly from that of Ms. J's, he would be confronted about the discrepancy and would have to stay within a range of two of Ms. J.'s data to earn his reward. However, this never had to be enforced. In five weeks, the teacher was completely satisfied with Chris' behavior.

The program took place in the latter part of the school year and was dropped at the end of school. During our followup which took place at one and five months after termination, Chris had entered a new grade with a new teacher. He was behaving within acceptable limits without any incidents of the disruptive behavior for which he had been originally referred.

His mother wrote us the letter that appears on page 12.



Talking-out Behavior
S's Record



Talking-out Behavior
Teacher's Record

A = Teacher Baseline

A+B = Teacher Baseline + S's Baseline

C = Teacher ignores talking-out (extinction)

D = Self-reinforcement at school

E = Mother reinforces S at home

F = Followup (five months later)

Dear Dr. Pooley

I am Chris K.'s mother, a child who was helped by pendleton project. Mr. Prizzo worked with him the last weeks of school. Please forgive me for writing so late, and I hope that it will not reflect ungratefullness. Chris is a completely changed boy. His behavior pattern is changed, and through pendleton I was shown how to deal with him. I love Chris very much and I want what's best for him. The pendleton way has shown me how to make Chris a more productive, responsible person. Mr. Prizzo was so warm and friendly and interested in Chris. He has been a great help. It is my hope that pendleton will continue, and that children like Chris can get the help they need. If every child could be help as much as Chris, there would be fewer problem teenagers and adults. God bless you in your work.

Sincerely,

Diane K.

The Case of Three Siblings: Stealing

Kenneth is a 12 year old male referred to the Pendleton Project on February 3, 1975, by the Chesapeake Social Service Bureau. He usually took money and small items only from the family. However, over a weekend, a friend visited the family and $30 was stolen from him. The money was found under Kenneth's bed. When questioned, he admitted stealing the money.

An interview with the parents revealed that there had been money missing in the home for the last three or four years. Their oldest daughter, Victoria, age 14, had a problem taking things. Sometime during the last year, they discovered there was a similar problem with Kenneth. He also lied and picked on his younger brother and sister.

The mother reported that the younger son, Kelly, age 8, was beginning to show the same problems as Kenneth and Victoria. He had begun to lie and occasionally took small items around the house. She requested that we include Kelly in the program.

The family is very religious and attends the Pentecostal Church regularly. They were very embarrassed by the stealing. The mother had put a padlock on her bedroom closet door and always carried her pocketbook with her in the home. Kenneth had broken the frame on the closet door and taken the money she kept locked in the closet.

The parents tried to maintain a close relationship with the children. They had strict rules concerning acceptable behavior in the home. They could not accept the constant picking and fighting among the children. They felt their children had no reason to steal as each child received an allowance ($1 each) every weekend. The children received free lunches at school. Two or three times each

week, they received extra money in the morning before school. The only child in the home not showing any problem was Laura, age 4.

Interviews with the school personnel revealed that there were no behavior problems in the schools.

A baseline in the home revealed that in seven days there were six instances of stealing, twice by Kenneth and four times by Victoria. Kelly did not steal during the baseline period.

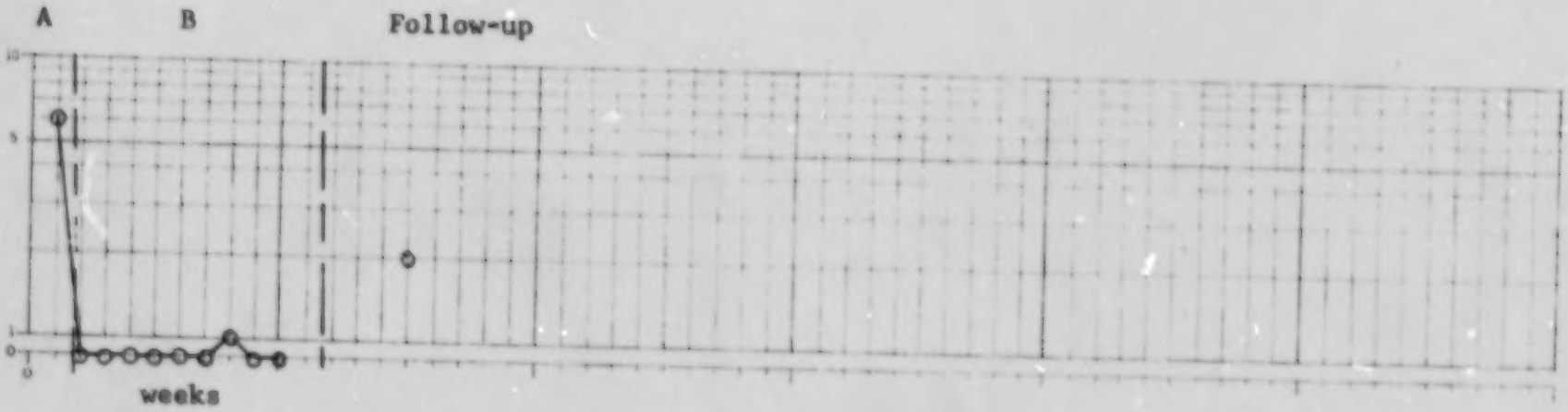
A behavioral program was started in the home on March 4. It consisted of the following intervention strategies:

1. Mother would keep track of all money missing in the home.
2. She would not search for the money or assign blame for stealing.
3. At the end of the week, allowance time, the amount of money missing would be subtracted from the total of all three children's allowances. The amount left would be divided equally among the children.

The behavioral contract was monitored for ten weeks, from March 4 to May 12. During this time, only one instance of stealing in the amount of 25¢ had occurred.

On April 28, after the stealing program was well into effect, a second behavioral program was initiated in the home to structure the children's activities as they continued to fight among themselves.

A follow-up contact on September 11, 1975, showed that the children were doing well and that their parents continued to be pleased with their overall behavior. Only a small amount of change had been missed once or twice since termination of the case.



Stealing Behavior - Three Siblings

A = Baseline

B = Group Consequences

Treatment Procedures, Mini Research Programs

During the current grant year, "fourteen mini research" projects are being conducted. At present, three of these "mini research" projects are currently being carried out by the Project Services Team in order to experimentally demonstrate the effectiveness of certain treatment procedures discovered during our first two years of operation. These three projects are described briefly below:

1. "Classroom Management by Means of Daily Feedback to Parents and Home Based Contingencies."

Earlier studies with pre-delinquent adolescents in a structured group home setting (Bailey, Wolf, & Phillips, 1970) indicated that classroom target behaviors can be brought under control by the use of home-based reinforcement. The following study investigates effectiveness of daily feedback and a home-based contingency procedure in the management of classroom behaviors.

Method

Research Design

The intensive study of single subject (Thorensen, 1973) provided the basis for the design of this research. The procedure is being replicated with five subjects. The design sequence is $A_1B_1A_2B_2$, that is baseline-intervention-return to baseline conditions-intervention. Baseline (A_1) observations are conducted for one week with a minimal reliability criterion of 85% on a single day between teacher and E observations of the target behaviors. The 85% criterion is a prerequisite to moving into the first intervention phase (B_1). The criterion for moving from the first intervention phase (B_1) back to baseline conditions (A_2) is two successive weeks in which S earned

his weekend bonus. If S's behavior is rated as "poor" on two out of three consecutive days during A_2, then the second intervention phase (B_2) is implemented. Phase B_2 is maintained for a minimum of eight weeks.

In addition to the change in the frequency of the target behaviors during the various baseline and intervention, the effectiveness of the intervention is evaluated by trend analysis (Thoresen, 1972) and by pre and post measures on the Pendleton Project Teacher Behavior Rating Scale and the Piers-Harris Self Concept Scale.

Subjects

The subjects are five clients deemed to be appropriate to the population of the Pendleton Project, ages 6-12. These children are those who have school and home behavior problems. These problems are manifested in the form of fighting, not following directions, off-task, lying, stealing, etc. One criterion for subjects will be to exhibit at least one behavior equal to the severity of that of a predelinquent child. In addition, parents must have control over subject in the home environment, (i.e., ability to follow through with contingencies).

Setting

This research is carried out during the regular school year with the children being in their natural home and school environment.

Intervention Procedure

The only home intervention before the implementation of the "home note" will be routine investigatory procedures to inform parents of what the Pendleton Project has to offer and to determine what the parents may be expecting from the Pendleton Project. In the school,

pre-implementation orientation will define teacher expectations of the Project and, generally, what the Project expects of the teacher.

The "home note" system is designed to provide daily feedback to parents regarding their child's classroom behavior and academic performance during the school day. The child brings a note from home and is rated on each target behavior by each teacher at the end of the class period. It is the responsibility of the child to have the teacher rate and initial the note. The notes are brought home to the parents and the daily privileges are earned or lost contingent on the teacher's ratings of S's performance. If the child loses or does not bring home the note, he loses all privileges.

The child signs an agreement with the parents that tells him what he is to earn for appropriate ratings and what he is to lose for inappropriate ratings. These were individually determined by the child and parents and may include daily, midweek, and/or weekend activities and privileges.

E will maintain phone contact with parents during intervention (B_1 and B_2) and second baseline (A_2) phases in order to assure that appropriate contingencies are being consistently applied.

Observation Procedure

Three target behaviors identified by each teacher are included in the "home note" system. Because of the design of this "home note" system, it is probable that each child will be rated on academic achievement as well as two other behaviors which are within each child's repertoire.

The teachers are instructed to rate the children in the three different categories with "good," "average," or "poor." The criterion for each rating is determined by a fraction of the baseline data. Reducing inappropriate behavior by 75% of baseline frequency earns

a "good" rating. Reducing inappropriate behavior by 50% of baseline frequency earns an "average" rating; less than 50% reduction earns a "poor" rating. For example, in the behavior category of "out of seat" behavior, the baseline indicates twenty times per day. To receive a "good" rating, S must reduce from twenty times per day to 75% of that figure which is five times per day "out of seat." To receive an "average" rating, S must not be "out of seat" any more than 50% of the baseline frequency which is ten times per day.

If S has only one teacher, then he is rated by her at the end of each class period. If S has more than one teacher, the rating will be done on separate "home notes" for each teacher at the end of the teacher's class period.

Observations are done by teachers with intermittant observations by E for reliability comparisons. These observations are done at one hour intervals during the baseline week. The home note intervention is implemented after there is 85% reliability between teacher and E's frequency count of the target behaviors. Thereafter, E will observe one hour per week during each phase of the study.

2. "Behavior Management in the Home by Contracting between Parent and Child"

Many of the children referred to the Pendleton Project are engaged in a "power struggle" (Dreikurs, 1964) with their parents and other authority figures with respect to daily duties and responsibilities of both parties. The parents, for example, may be interested in the child carrying out assigned chores, respecting others property, and playing cooperatively with other siblings. The child, on the other hand, is usually interested in some respect and recognition for his own capabilities, daily attention from his parents, and the opportunity to develop his social relationships with peers and adults (Muller, 1969). Behavioral contracting provides an effective method for clarifying the expectations and needs of the parties involved (DeRisi & Butz, 1975) while defining short and long range procedures for meeting each party's goal. In the case of young (6-7 years old) children and/or in situations where continued conflict has produced intense negative feelings between parent and child, it is very helpful to give immediate positive feedback for behavior that indicates progress toward the goal of the contract. This may be done in the form of a "point system" (Ayllon and Azrin, 1968) which would clarify where the child is with respect to his objective.

The Behavior Contract/Point System employed in this study is designed to (1) provide structure within the home, (2) set clear and reasonable limits for the child's behavior, (3) provide parents with an alternative disciplinary procedure for teaching their children socially acceptable behaviors. The purpose of this study is to demonstrate the effectiveness of the behavior contract/point system by changing the target behaviors of the child in the desired direction.

Method

Research Design

The design of this study is based on the intensive study of single subjects (Thoresen, 1973). The design is as follows: A-B-A-B or Baseline (A)-Intervention (B)-Return to Baseline Conditions (A)-Intervention (B). The object of this design is to investigate the effectiveness of the Intervention (B). The study is replicated with five subjects.

Measurement Procedures

Intervention effectiveness is evaluated by (1) analysis of the trends of the behavior charts during each phase of the study, (2) pre and post measurements on the Pendleton Project Parent Behavior Rating Scale, (3) pre and post measurements (gain score) on the Piers Harris Self Concept Scale.

Subjects

The subjects are five clients from within the Pendleton population who are exhibiting behavior problems primarily in the home. Examples of anticipated behaviors are refusal to do as asked, tantrums, stealing, lying and fighting with sibs.

Setting

The research will be carried out in the natural home environment. The school situation is routinely investigated before the implementation of the home point system. School personnel are informed that the child is being worked with in the home and routine research data will be collected. There will be no direct intervention in the school until the end of this experiment.

Baseline (A)

E meets with the child's parents to identify target behaviors. No more than three behaviors will be selected for this project.

Parents are instructed to take a baseline frequency count (A) on the identified behaviors for at least six days, to include one weekend. E observes on an intermittant hourly basis until there is an 85% correlation in baseline frequencies with data collected by the parents and E. The child is not informed of this procedure.

Intervention (B)

Upon completion of the acceptabel baseline (A), E meets with the child and his parents to negotiate a contract and a point system (B).

The child may earn points in two ways: (1) increase appropriate behaviors such as chores or household responsibilities, (2) decrease inappropriate behaviors by ½ or greater of the average baseline frequency. The method for earning points depends on the target behaviors.

A contract is negotiated between the child and parents. The child earns a pre-determined daily privilege or activity if he earns 80% of his possible points. He earns a weekly bonus if he earns five out of seven of his daily privileges. Parents and child must agree to privileges and activities earned and to criteria for earning them.

Baseline (A)

When S has earned a weekend bonus for two successive weekends, the parents are encouraged to test the effectiveness of the intervention procedure by discontinuing it. Baseline conditions (A) are then put into effect until such time that the behaviors return to an unacceptable frequency or approach the original baseline level.

Intervention (B)

If the behaviors return to an unacceptable frequency, then the parents will be instructed to reinstitute intervention (B) for a period of eight weeks.

3. "Behavior Management by Teaching Parents to Analyze Situations Behaviorally"

This approach is designed to teach parents to eliminate children's unacceptable behavior and re-train them to behave in a more acceptable manner. This is done by coaching the parents to make behavioral observations of their own behavior and make changes where necessary in order to provide changes in their children's behavior. By behavioral observation, the parents are able to look at the total situation: the antecedent to the behavior, the behavior itself, and the consequence that is maintaining the behavior. This approach lends itself to the parents understanding the basic concepts of behavior management. They learn that their behavior is affecting the way the child behaves.

The use of reading material for parents from Living with Children (Patterson & Guillon, 1968) and observation and charting of one's own behavior in interaction with the referred child will be the primary teaching tools.

Method

Research Design

The design is based on the intensive study of individual subjects (Thoresen, 1973). The design involves four phases: A_1, A_2, B_1, B_2. The first baseline (A_1) is a frequency count taken by the parent on

on the child's target behaviors. During the second baseline (A_2), the frequency of each behavior is recorded together with antecedent to that behavior and the consequence that follow it and then the behavior that follows the consequence. The criterion to move from baseline A_1 to A_2 and from baseline A_2 to intervention B_1 is 80% reliability correlation between parent and E observations. Intervention B_1 is a selected reading from Living with Children, (Patterson & Gullon, 1968) with oral quizzes on the material. Intervention B_2 is coaching and suggestions based on reading material and behavioral records kept by parents.

Measurement Procedures

Intervention B_1 and B_2 are considered successful if the target behaviors are occurring at a daily frequency of one half (50%) of the baseline A_1 (average frequency) or less. In addition, the behavior data during each phase is analyzed by a trend analysis (Thoresen, 1973) and pre and post measurements on the Pendleton Project Parents Behavior Rating Scale and the Piers Harris Self Concept Scale.

Subjects

The subjects are clients deemed appropriate to the population of the Pendleton Project, ages 6-12. These are children who exhibit behavior problems. These problems are manifested in the form of physical or verbal aggression, firesetting, lying, disobedience, etc. The criterion for selection is one or two parent families that are literate. They will have to be cooperative and willing to do reading assignments. They must identify and monitor their own behaviors as

well as those exhibited by their child. Cooperation is determined by scores of no less than three of five of the Pendleton ACTUS scales. This scale is a measure of parents' cooperation and ability to maintain the program. In addition, the child's maladaptive behavior must occur predominately in the home environment. Two target behaviors will be monitored at a given time by the parent.

Setting

This research is carried out in the home environment.

Observation Procedures

The parent collects behavioral data during each phase of the study. E observes for one-hour intervals during each phase and trains the parent in data collection until there is an 80% reliability between the parent's and E's data during a one-hour interval.

Baseline A_1

The parent takes frequency count on two target behaviors for five days with a minimum 80% reliability criterion between parent's and E's observations.

Baseline A_2

The parent records behavioral units (i.e., antecedents, behavior, consequences, behavior that follows consequences) for a five day period with a minimum 80% criterion between parent's and E's observations.

Intervention B_1

The parent is assigned several chapters to read from Living with Children and is quizzed orally at end of one week until 80% of quiz questions answered correctly. Parent continues to collect behavioral

unit data as in A_2 and it is analyzed with E although no suggestions for change are made by E.

Intervention B_2

The parent is given several additional chapters from Living with Children and quizzed orally until 80% of items are answered correctly. Behavioral unit data is collected by parent as in A_2 and B_1 and is analyzed with E who makes suggestions to parent for changing our behavior. Phase B_2 continues until target behaviors are occurring at a maximum of 50% of the average during baseline A_1. This phase will be carried out for a total of eight weeks.

CHAPTER III

OBJECTIVE III: TO DEVELOP NEW RESOURCES AND COORDINATE EXISTING RESOURCES

Summary

Efforts to develop and coordinate resources are a continuing task of the Pendleton Project. The direct service distribution is shown in Table III-1 by referral source. Some cases are referred to other agencies to avoid duplication of services or are treated by Pendleton in concert with one or more other agencies. These data are presented in Table III-2. The impact of Pendleton training by direct methods together with an estimate of "spin-off" effects is shown in Table III-3. In order to continually upgrade staff competence, the Project takes advantage of training opportunities whenever possible. These activities for this report period are presented in Table III-4. The Project also answers requests to do training for other agencies and to make presentations at professional meetings. In Table III-5, these activities are summarized.

Formal training relationships have been established with several area universities. These efforts take the form of classroom instruction to graduate and undergraduate students together with the supervision of student placements for internships, student teaching, research papers, and volunteer work. A summary of such activities is presented in narrative in this chapter.

The Project is in the process of applying for Exemplary Project Status. If approved, this will result in the publication of documents which describe Project activities to be distributed throughout

the country and elsewhere in the world. A narrative of this effort is also reviewed in this report.

During this report period, the Project has received national recognition from the American Public Welfare Association. The Project Director presented a paper at the National Conference held in New Orleans on December 18. Public relations with the media was also increased when the American Public Welfare Association distributed a news release about the Project to the national wire services. This resulted in positive news media coverage in this area and elsewhere. A copy of the news release is included in this chapter together with some correspondence regarding our involvement with other agencies.

TABLE III-1. REFERRAL SOURCE

Referral Source	Frequency	%	Cumulative Frequency	CP
1. Chesapeake School	89	21.0	89	21.0
2. Ches. Social Service	28	6.6	117	27.6
3. Ches. Juvenile Court	27	6.4	144	34.0
4. Ches. Youth Bureau	2	.5	146	34.5
5. Ches. Devel. Workshop	1	.2	147	34.7
6. Ches. Parents	24	5.7	171	40.4
7. Va. Beach Schools	87	20.5	258	60.9
8. Va. Beach Department of Social Services	34	8.0	292	68.9
9. Va. Beach Juv. Court	29	6.8	321	75.7
10. Va. Beach Comp. Mental Health Services	10	2.4	331	78.1
11. Va. Beach Public Health	4	.9	335	79.0
12. Va. Beach Parents	67	15.8	402	94.8
13. Citizen	6	1.4	408	96.2
14. Private Agency	6	1.4	414	97.6
15. Ches. Public Health	5	1.2	419	98.8
16. Other	5	1.2	424	100.0

The public school systems in both Chesapeake and Virginia Beach have been the most frequent source of referral. Referrals from the Juvenile Courts have been increasing recently by identifying the younger siblings of youth on probation. In addition, referrals from parents have increased by enhancing public awareness of the Pendleton Project through the media and other public relations efforts.

TABLE III-2. AGENCIES REFERRED TO

Agencies Referred to	Partial * f	%	cf	cp	Total ** f	%	cf	cp
1. Ches. School	2	1.2	2	1.2	1	3.3	1	3.3
2. Ches. Soc. Serv.	13	7.8	15	9.0	3	10.0	4	13.3
3. Ches. Juv. Court	0	0	15	9.0	0	0	4	13.3
4. Ches. Youth Bur.	0	0	15	9.0	1	3.3	5	16.6
5. Ches. Devel. Workshop	1	.6	16	9.6	0	0	5	16.6
6. Va. Beach Schools	2	1.2	18	10.8	0	0	5	16.6
7. Va. Beach Dept. of Soc. Service	12	7.2	30	18.0	8	26.7	13	43.3
8. Va. Beach Juv. Ct.	4	2.4	34	20.4	0	0	13	43.3
9. Va. Beach Comp. Mental Health	9	5.4	43	25.8	4	13.3	17	56.6
10. Public Health	24	14.5	67	40.3	0	0	17	56.6
11. Tidewater Rehab. Inst.	2	1.2	69	41.5	0	0	17	56.6
12. Private Psychiatrist	7	4.2	76	45.7	0	0	17	56.6
13. Neurologist	2	1.2	78	46.9	0	0	17	56.6
14. Private Psychologist	3	1.8	81	48.7	1	3.3	18	59.9
15. Private Physician	41	24.7	122	73.4	0	0	18	59.9
16. Norfolk & Chesa. Comm. Mental Health	1	.6	123	74.0	0	0	18	59.9
17. Residential (non Pendleton)	1	.6	124	74.6	2	6.7	20	66.6
18. Family Service/ Travelers Aid	10	6.0	134	80.6	2	6.7	22	73.3
19. Dental	23	14.0	157	94.6	0	0	22	73.3
20. Other	9	5.4	166	100.0	8	26.7	30	100.0

Partial N = 166
% = 39.2
Range 0 - 41

Total N = 30
% = 7.1
Range 0 - 8

* A partial referral to another agency is defined as a case being referred for a selected service (e.g., foster home placement) while Pendleton continues to work on the problem behaviors.

**A total referral to another agency is defined as a case being referred entirely to another resource for more appropriate services (e.g., family counseling).

Table III-2 indicates 39.2% of cases were referred to other agencies for a selected service while Pendleton continued to work on the problem behaviors; 7.1% of the cases were referred to other resources for more appropriate services. This data indicates one effort to foster interagency cooperation in the delivery of services to the target population.

TABLE III-3. IMPACT OF PENDLETON TRAINING IN TREATMENT PROCEDURES

Level	# of Persons	%	cp	# of Contact Hours	%	cp	Mean Hours
1. Teachers	542	32.0	32	797	19.1	19.1	1.47
2. Resource people	182	10.8	42.8	301	7.2	26.3	1.65
3. Principals	142	8.4	51.2	184	4.4	30.7	1.30
4. Supervisors	38	2.2	53.4	60	1.4	32.1	1.57
5. Treatment agents in other agencies	126	7.4	60.8	204	4.9	37.0	1.61
6. Directors/superintendents	23	1.4	62.2	28	.7	37.7	1.21
7. Volunteers	14	.8	63	24	.6	38.3	1.71
8. Students (e.g., graduate)	32	1.9	64.9	61	1.5	39.8	1.9
9. Parents	594	35.1	100.0	2511	60.2	100.0	4.22
	1693			4170			

The Pendleton staff has focussed its training primarily on the parents (average number of sibs 2.8) and teachers (average class = 30 students). The training provides treatment procedures that are appropriate not only for the referred child but also for other problem children that the treatment agent may come in contact with in the future.

TABLE III-4. TRAINING RECEIVED

The following training was received by various staff members since the last report.

Date	Title and Sponsoring Agency	Staff
7/28 - 8/24	E.F.S.M.I. 497; Old Dominion University	DeCaro, Aygarn, Paganelli
8/19 - 21	Volunteer Coordinator's Training; Department of Corrections - Youth Services	Chapin, M. Johnson
9/1	Advanced Workship: Grantsmanship; A.P.A. Convention - N.I.M.H.	O'Rourke
9/2	Xerox 4000 Key Operator Training: Xerox Corporation	Spinelli
9/24 - 25	Family Life Conference; Tidewater Assembly on Family Life	Prizzio, Walker Nozzarella, Chapin, Lee, Shows, Eun, Nichols, C. Johnson
9/24 - 26	Family Systems Workshops; VJOA	Nozzarella, M. Johnson
9/30	Title XX Forms; C.S.S.B.	Nozzarella
9/25 - present	2 hrs. weekly on Family Therapy by Dr. Len Volenski, consultant to CMHS of Va. Beach	Shea
10/10	Childhood Depression Seminar; Tidewater Mental Health Association	Shea
10/10	The Child with Learning Disorder; Medical College of Virginia	Shows
10/14 - 15	DeJarnette Center for Human Development	Residential Staff
11/6 - 12/18	E.F.S.M.I 497; Old Dominion University	Johnson
11/13 - 14	Virginia Purchase of Service Training Workshop; Dept. of Welfare	O'Rourke
11/23 - 25	Seminar; Virginia Council on Health and Medical Care	Ackerman

TABLE III-5. Presentations

The following presentations were made by the staff to various individuals and groups since the last semi-annual report:

Date	Presentation to:	Size of Audience	Staff	Time
7/11	Legislative Subcommittee Studying Group Foster Homes	20	Pooley, Shea, Eun, O'Rourke	2½ hrs.
8/6	Chesapeake Social Services Bureau Personnel	12	Rice	2 hrs.
8/12	Chesapeake Social Services Bureau Personnel	6	Rice	2½ hrs.
8/14	Chesapeake Social Services Bureau Personnel	14	Rice	1½ hrs.
8/27	Chesapeake Youth Officers	6	Prizzio, Shows, Chapin	1 hr.
9/15	Tidewater Foster Parent Association	18	Shea, Chapin, Prizzio	1 hr.
10/14	Prince of Peace Lutheran Church Group	30	Shea, Shows	1 hr.
10/23	Old Dominion University Class on Volunteerism	12	Chapin, M. Johnson	1 hr.
10/29 - 30	National Council on Crime & Delinquency and the Virginia Federation of Woman's Clubs	140	Pooley	4 hrs.
11/18	Wives of the Navy School of Music	40	Bloomer, Chapin	2 hrs.
11/23 - 25	Virginia Council on Health & Medical Care	20	Pooley, Shea, Ackerman	3 hrs.
12/2	Joseph N. Koury, Jr., Executive Director, Big Brothers of Virginia Beach	1	Pooley, Shea, Eun	1 hr.
12/18	National Conference of the American Public Welfare Association	23	Pooley	15 min.

Student Training

Peter Juliano, a graduate student in the Old Dominion University Urban Institute will be conducting a survey on Pendleton's image in the community as partial fulfillment of the requirements for his master's thesis.

Diana Hellberg, a graduate student in special education at William and Mary will be fulfilling her student teaching requirements for her master's degree from January, 1976, through March, 1976. She is planning to complete her master's thesis while here.

Diane Schellhammer, a graduate student in social work at Norfolk State College, will be fulfilling her internship requirements for her master's degree in social work. She will be working full-time from January, 1976 through May, 1976.

Beth Ward, an undergraduate student in social work at Norfolk State College, will be volunteering three to five hours per week in outclient service delivery through January, 1976. She has been working with us since October, 1975.

University Course Offered by Pendleton

Some members of the Pendleton staff have undertaken the task of designing and delivering a college course to train people in the behavioral management techniques used at Pendleton. The course was taught this summer through the School of Continuing Studies, Old Dominion University at the graduate and undergraduate level. It is titled EFSMI-497 Motivation Management in the School and Home (1-3 credit hours). Twelve persons enrolled for the summer course ranging from social workers and probation officers to school administrators, teachers and parents.

The course was offered again this fall. Nine teachers, one probation officer and one internship placement at Pendleton (audit) enrolled for the fall semester course. This instruction by the Pendleton staff has been well received by the students and also by the ODU Program Administrators.

Inservice Training in the School Systems

The Pendleton Project has received requests from the Chesapeake and Virginia Beach School Systems to conduct inservice training for teachers. The content of the training is to be similar to the above-mentioned course, however taught in a shorter, more intensive time frame. The school systems requested that the training be offered through the Extension Services of the University of Virginia, Hampton Roads Center. The Project Director is finalizing negotiations with the University of Virginia so the training will be made available as early as March, 1976. An outline of the course content and references used are included here.

MOTIVATION MANAGEMENT IN THE SCHOOL AND HOME

(1 to 3 credit hours)

Units of Instruction		Approximate Time
1.	Orientation & Pretest	1 hr.
2.	Problem Solving	1 to 3 hrs.
3.	Developmental Tasks & Moral Development	1 to 3 hrs.
4.	The Constructive Approach	1 to 3 hrs.
5.	Observation & Recording of Behavior	1 hr.
6.	The Deliberate Development of Behavior	2 to 4 hrs.
7.	Basic Operant Procedures and Human Learning	2 to 4 hrs.
8.	The Design of Treatment Strategies	2 to 3 hrs.
9.	Behavioral Contracting with Task Assignment	1 to 3 hrs.
10.	School-Home Liaison	1 to 2 hrs.
11.	Use of Resources	1 to 2 hrs.
12.	Desist Techniques in the Classroom	1 to 3 hrs.
13.	Prescriptive Teaching	3 to 6 hrs.
14.	Course Evaluation & Post Test	2 to 3 hrs.

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Exemplary Project Status

On July 18, 1975, Edward Sikora, LEAA Regional Office, U. S. Department of Justice, Philadelphia, visited the Pendleton Project. As a result of this visit, Mr. Sikora recommended that it may be appropriate to submit an application for Exemplary Project Status. Accordingly, the required forms were completed and submitted on September 19, 1975, to The Division of Justice and Crime Prevention (DJCP), Richmond, together with copies of our Semi-Annual Reports and grant applications. The material was reviewed by DJCP and forwarded to the Office of Technology Transfer, Model Program Development Division, National Institute of Law Enforcement and Criminal Justice, U. S. Department of Justice. On October 24, Dr. Richard Pooley, Project Director, received a phone call from Robert Aserkoff of the Office of Technology Transfer. A follow-up letter was received from Mr. Aserkoff on October 31, 1975 (attached).

Mr. Aserkoff had done a preliminary review of our Exemplary Project application and had asked for more detailed information prior to further consideration of the application. For example, he requested data derived from experimental designs that are normally appropriate to laboratory investigations. The realities of action research with human subjects do not always lend themselves to this type of rigor. In fact, some issues render laboratory methods undesirable for research with human subjects. Consider the control group vs. the experimental group design. This requires that two groups of subjects that appear to be appropriate for treatment (i.e., delinquency intervention or prevention) be identified. One group is given benefit of treatment; the other

is not. The results are compared and analyzed. This raises the issue of first identifying a group of people who appear to need some treatment and then deliberately depriving them of the treatment for experimental reasons. The morality of this procedure with human subjects is questionable.

There are, however, certain alternative research designs that are more appropriate to action research with human subjects (Campbell & Stanley, 1963; Goldiamond, Dyrud & Miller, 1965; Thorensen, 1972; Thorensen, 1973; Goldiamond, 1974, and others). Such research designs may rely on the subject as his own control or may compare treatment groups to control groups who do not require the treatment in question. The treatment group is expected to approximate the characteristics of the control (i.e., "normal") group as a result of the treatment. This approach to research may not be fully understood by some observers and can result in problems of communications. At present we are organizing our data and the theoretical underpinnings of our research in order to communicate this process more clearly.

UNITED STATES DEPARTMENT OF JUSTICE
LAW ENFORCEMENT ASSISTANCE ADMINISTRATION
NATIONAL INSTITUTE OF LAW ENFORCEMENT AND CRIMINAL JUSTICE
WASHINGTON, D. C. 20530

October 29, 1975

Dr. Richard C. Pooley
1000 South Birdneck Road
Virginia Beach, Virginia 23451

Dear Dr. Pooley:

This is to confirm our telephone conversation of October 24, 1975, regarding the Pendleton Project's Exemplary Project submission. As indicated, I found the evaluation performed by Mr. Nugent to be insufficient in terms of the Exemplary Projects Program criteria. To be designated "exemplary," a program must have conclusively demonstrated its success over time; that is, it must collect data which indicates that service recipients manifest positive effects for perhaps six to twelve months following service termination. In a program such as yours, such data would be collected through various tracking strategies, as well as through a number of sampling procedures (control vs. experimental, cohort groupings, etc.).

Additional issues which must be addressed in the evaluation are: the advantages in cost and quality of services of this program over more traditional judicial system handling and its projected impact on that system; an overview assessment of this program's superiority to other programs having similar goals and objectives, if known; and any additional documentation which demonstrates the value of this program to other communities around the nation.

I realize that most program evaluations need not be as rigorous as this appears. However, all Exemplary Projects have demonstrated themselves to be among the best in the country and fewer than ten programs each year are so designated. It is only by the application of these rigorous criteria can we confidently state that Exemplary Projects are notably superior to all other programs of which we are aware.

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OCT 31 1975
PENDLETON PROJECT

I am anxiously awaiting the additional data which you indicated would be collected. The Pendleton Project has some positive aspects which must be substantiated before we can give it further consideration. Accordingly, I will forestall my initial screening of your submission until I receive these materials.

Sincerely,

Robert Aserkoff
Office of Technology Transfer
Model Program Development Division

News Release by The American Public Welfare Association

On December 10, 1975, Mrs. Wallace of the American Public Welfare Association, Washington, D. C., phoned the Project concerning a news release on the Pendleton Project that the APWA desired to release to the wire services. The news item was read to the Project Director and was judged to be well written and accurate. Mrs. Wallace requested the names and addresses of local media so that they may receive copies directly. A copy of the news release is included here.

American Public Welfare Association, 1155-16th Street, N.W., Washington, D.C.

FOR IMMEDIATE RELEASE

APWA: Barbara Wallace (202/833-9729)
Local: Richard C. Pooley (804/425-6692.

Washington, D.C. (Dec. 11)--The American Public Welfare Association (APWA) today gave national recognition to the Pendleton Project of Chesapeake and Virginia Beach, Va., for "creative and administratively sound contributions to the development of public welfare programs and services" in its provision of services to troubled children.

The project will be among 18 state and local public welfare services or administrative improvements featured in an Idea Fair at APWA's 1975 National Round Table Conference at the Marriott Hotel in New Orleans next week (Dec. 16-19).

The 18 were selected for presentation from 38 entries received from all parts of the United States. Selection was based on evaluation by public welfare program and management specialists of uniqueness, documented improvement in service to clients or administration, and/or dollar savings to the agency. Richard C. Pooley, Ph.D., director of the Pendleton Project, will deliver a presentation on its activities at 12:30 p.m., Thurs., Dec. 18.

In announcing selection of the Virginia program for recognition, Edward T. Weaver, Executive Director, APWA, commented:

"This program represents the sound, professional approach to public welfare administration advocated by the Association. We've initiated the Idea Fair at this biennial National Round Table Conference to draw attention to progress in the

public welfare field and to give administrators and personnel of state and local agencies an opportunity to exchange views and ideas for improving services."

The Pendleton Project, started in 1973, is a regional demonstration project serving the Virginia Beach and Chesapeake area. It is funded by a grant from the Law Enforcement Assistance Administration and has an annual operating budget of $473,050 and a staff of 31 full-time professional, administrative, and clerical personnel and two part-time consultants (medical and psychiatric). The state and local directors of 10 human service agencies in the two-city area comprise the Project Management Board which is responsible for the development of Project policy. Some Project staff also have joint appointments with the human service agencies which expedites the coordination of services.

Pooley said the purpose of the Pendleton Project is to identify children, ages 6-12 years, who are currently exhibiting behavior problems which probably will result in serious trouble for them in the future. Over half of the children treated have already committed such juvenile status offenses as truancy, running away, curfew violation, or incorrigibility. Some have committed minor criminal offenses like vandalism, stealing, or setting fires. About 10 percent of the families have had prior contact with the police and the courts.

Diagnosis and treatment are generally provided by Pendleton staff, according to Pooley, while the children remain in their own homes. However, a five-day residential program is available. One in seven children referred to the Project requires the more intensive treatment provided in a four-to-six week stay in residence.

"Our goal is to help a youngster function acceptably in his natural environment," Pooley explained. "To accomplish this, we determine what action is most likely to

re-channel his behavior more constructively. In most cases, we try to treat the child and his family on an 'outclient' basis. We work intensively with parents, teachers, and other human service agencies to develop a comprehensive treatment program. About 20 percent of the cases that come to us for diagnosis are referred elsewhere for service."

Once the Pendleton Project accepts a case for treatment, a multi-discipline team is assigned to the child to help him handle his home or school situation better. They also train the people who must continue to live with him after the Project has completed its work. The team deals with an average of four people -- usually parents and teachers -- for every child treated.

"Usually parents or other adults must learn new ways of reacting to unacceptable behavior," Pooley said. He also emphasized that Pendleton is not a residential treatment program. "We did not begin the residential unit until June of 1974, and we've provided residential care to only 49 of the 354 children we've served to date.

"The child must ultimately return to live with reality. We believe we are successful if he is able to return to his natural environment and behave."

Using this standard of measurement, the Pendleton Project has documented a 72 percent success rate for 354 cases treated from Aug., 1973, to Sept. 1, 1975.

An evaluation in August 1975 by the Division of Justice and Crime Prevention, Commonwealth of Virginia, praises the success record of the Pendleton Project and notes:

"The project is a model project in most respects. Its professional staff is dedicated to research principles and the data collection has been very thorough... This is the best project I have seen since I have been conducting these evaluations

for DJCP. It is the first in which the staff did not wish that it had been able to reach their clientele at a younger age before it was too late."

In his presentation at the National Round Table Conference, Pooley will cover the management design of the Pendleton Project and the model it provides for delivery of inter-disciplinary service to children in trouble.

The Idea Fair is part of a major national conference on domestic issues being sponsored by APWA next week in New Orleans. More than 1,200 social policy leaders and public welfare employees from all parts of the United States are expected for meetings to discuss welfare reform, future financing of social security, food stamps, national health insurance, work and employment, social services, child welfare, juvenile justice, and aging. Headline speakers for the conference include Leonard Woodcock, President, International Union UAW; F. David Mathews, Secretary, U.S. Department of Health, Education, and Welfare; and The Honorable Russell B. Long, Chairman of the Committee on Finance, U.S. Senate.

The American Public Welfare Association is a non-profit, voluntary membership organization headquartered in Washington, D.C. Members include all state and territorial public welfare agencies, more than 1,700 local and federal agencies, and close to 7,000 individual members. The Association's purpose is to exert a positive influence on the shaping of national social policy, and to promote the professional development of the broad range of persons working in the field of public welfare.

-30-

EDITOR'S NOTE: Full details on the program described may be obtained by calling the local number on the front of this release. For information about coverage of

presentations at the National Round Table Conference or other program information, call Barbara Wallace (before Dec. 12) in Washington, D.C., (202/833-9729) or in New Orleans at the Marriott Hotel (504/581-1000) from Dec. 12-19.

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September 2, 1975

Richard C. Pooley, Ph.D.
Director, Pendleton Project
1000 S. Birdneck Road
Virginia Beach, VA 23451

Dear Dr. Pooley:

I would like to thank you, Bob Eun, Joe O'Roark and Mary Johnson for the time spent last Thursday explaining the Pendleton Project to myself and Mary Russo. The concepts underlying the project appear sound and timely and I do appreciate having more background information so as to answer questions about the project's operation.

I have requested that your name be added to the mailing list for NCCD's SOUNDINGS newsletter and have enclosed a complimentary copy of a recent issue. In addition, I have enclose some additional information about NCCD publications and services. If you have any questions about anything, please let me know.

I believe I mentioned the upcoming National Conference on Delinquency Prevention which may be of interest to you or your staff. It will be held October 14-17 in Niagra Falls, N.Y. A conference brochure and registration blank may be obtained from Henry Kuykendall, Conference Chairman, 55 North Lexington Avenue, White Plains, N.Y. 10601. (914) 428-7714. The conference is sponsored by the National Federation of Youth Service Bureau Associations, NCCD, the National Youth Alternatives Project, U.S. Jaycees and others.

As I mentioned, I would be happy to speak to the project Management Board in the near future about alternative directions for the Pendleton Project's survival. I will await word from you about the date of September 30th.

If I may be of further assistance, please do not hesitate to contact me.

Sincerely,

Carol Ann MacDonald
Director, NCCD in Virginia

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DEPARTMENT OF
MENTAL HEALTH AND MENTAL RETARDATION

December 9, 1975

Richard C. Pooley, Ph.D., Director
Pendleton Project
100 South Birdneck Road
Virginia Beach, Virginia 23451

Dear Dr. Pooley:

Thank you for the information concerning the Pendleton Project management structure. As you know, I am currently coordinating a task force on hospital clinical organization. This information will be most valuable to us.

Your help is much appreciated.

Sincerely,

Donald K. Jones

Donald K. Jones, M.D.
Director of Psychiatric Facilities

DKJ/w2/36

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December 9, 1975

Dr. Richard Shea, Clinical Psychologist
Project Services Team - The Pendleton Project
1000 South Birdneck Road
Virginia Beach, Virginia 23451

Dear Dr. Shea:

On behalf of Mr. Hobgood, our Alexandria Executive Committee our staff and myself, thank you ever so much for having given such an effective presentation at our forum last week. Many of those present are directly involved in exploring alternative approaches to school behavioral problems. Conversations with them have indicated to me the real value of the meeting in which you appeared. We are processing your expense statement, and within the next ten days you should be receiving a check.

Thank you so much.

Sincerely,

DONALD F. SULLIVAN
Executive Director

cc: Rev. Mr. Chris Hobgood

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DEC 12 1975
PENDLETON PROJECT

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The National Conference of Christians and Jews is a civic organization, engaged in programs designed to resolve urgent intergroup relations problems, with a view to securing justice and equal opportunity for all. NCCJ's operations in the National Capital Area Region include programs concerned with interreligious relations, equal employment opportunity, police-community relations, problems related to school desegregation, and a number of efforts designed to build positive and meaningful relations between the diverse groups which constitute the Washington metropolitan area. NCCJ is supported by bequests and contributions which are tax deductible.
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ARLINGTON COUNTY, VIRGINIA
DEPARTMENT OF HUMAN RESOURCES
SOCIAL SERVICES DIVISION
2300 South Ninth Street
POB 4310 Arlington, Virginia 22204

HELEN HACKMAN, M.D., M.P.H.
DIRECTOR

RAY C. GOODWIN
DIVISION CHIEF

December 12, 1975

Mrs. Frances Elrod
Director
Department of Social Services
City of Virginia Beach
Municipal Center
Virginia Beach, Virginia 23456

Dear Frances:

I am writing in response to your request for information regarding Arlington County's efforts at the development of Pendleton Project type programs.

The visit of staff and citizens from Arlington to the Pendleton Project was most helpful in our efforts to design and implement two projects of a similar nature here in Arlington.

One of the projects designed was for children in adolescence; the other for frail elderly.

The project designed for children was developed in collaboration with the schools, Juvenile and Domestic Relations Court, various Division of the Department of Human Resources and citizens. A funding request was submitted to the County Board. It was not approved due to the current economic situation.

The second project involved establishment of a Geriatric Day Center for frail elderly. We have been given approval for use of an unneeded elementary school and obtained some funds from the HUD Community Development Program, and the State Department of Mental Health and Mental Retardation. We anticipate using Title XX funds as well.

Otis Brown has encouraged the development of the frail elderly center. We anticipate its approval by the County Board on December 20. Rennovation of the building should be accomplished in the Spring and our first patients admitted on July 1.

We thank Virginia Beach and Chesapeake for their cooperation and encouragement in the development of additional collaborative integrated human services programs in Arlington.

With best wishes for the New Year, I am

Sincerely yours,

Ray C. Goodwin, Chief
Social Services Division

TIDEWATER CHILD DEVELOPMENT CLINIC
PROFESSIONAL ARTS BUILDING 142 W. YORK ST.
NORFOLK, VIRGINIA 23510
622-0480

August 22, 1975

Richard C. Pooley, Ph.D., Director
Pendleton Project - Camp Pendleton
Virginia Beach, Va.

Dear Dr. Pooley:

I want to thank you sincerely for letting Dr. McVaugh and myself visit with you and for your time spent in giving us information on the Project, its function and goals. Our clinic is well aware of the need for such services in the community and we hope that you will be able to expand your valuable services in order to reach more children and their families in the Tidewater area (hopefully, this will include Norfolk and Portsmouth).

I was delighted to see the enthusiasm which your Staff showed during the discussion of the Clark family. That type of involvement is sorely needed in dealing with difficult problems like the ones we discussed yesterday.

If our Clinic Staff can be of any help to you, please do not hesitate to contact us. I shall look forward to seeing you again at the next Virginia Beach Focus Team meeting.

Sincerely,

Viviana Skansi, M.D.,
Acting Clinic Director

VS/n

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AUG 25 1975
PENDLETON PROJECT

CHAPTER IV

OBJECTIVE IV: TO MEASURE THE EFFECTIVENESS OF THE WORK

The Pendleton Project has developed a variety of methods to measure the effectiveness of the work. First among these is a ratio that is calculated based on the status of terminated cases. Table IV-1 shows the categories of terminations and the number of terminations within each category. The numeration of the ratio is the number of category A terminations which indicates successful behavioral change. The denomination of the ratio is all other categories of termination. The product of this ratio indicates a success figure in percent. The results of these calculations are presented for three areas of treatment: (1) total caseload = 72%, (2) residential treatment program = 86%, (3) summer (1974) day care program = 50%.

The Residential Treatment Team has designed three treatment programs together with measurement procedures for each. They are: (1) the Career Awareness Program, (2) Social Competence Program, (3) Classroom intervention through teacher inservice training program. A detailed description of each program has been written and will be made available for other interested parties in the future. A summary of each program is presented in this chapter.

The effectiveness of a project may also be measured to some degree by the attitudes of the employees toward the organization and their job or practice. A questionnaire designed to tap these attitudes was administered to the Project staff during this report period. The results are presented on page 65 and indicate very favorable attitudes.

Success Rate

Since the July 10, 1975, Semi-Annual Report, Pendleton has received 118 referrals. The total caseload statistics as of December 10, 1975, are as follows: 424 referrals, 210 terminations, with a success rate of 75%

TERMINATIONS

Table IV-1

	Pendleton Code		No. of Cases
A	01	Change in behavior such that child is able to function adequately in the natural environment, including home and school.	187
B	02	Parents not interested in services at this time.	29
C	03	Parents unwilling to accept services after treatment program implemented.	42
D	04	School unwilling to accept services prior to implementation of treatment recommendations.	5
E	05	School unwilling to accept services after implementation of treatment program.	12
F	06	Referred to another agency for appropriate services.	20
G	07	Change of residence resulted in no further need for services for child.	4
H	08	Change in school placement resulted in no further need for services for child.	8
I	09	Parents located another resource.	21
J	10	Family moved outside Pendleton coverage area.	10
K	11	Case referred but parents not follow through.	0
L	12	Inappropriate referral.	16
M	13	Entered court system.	2
N	14	Entered residential setting (non-Pendleton)	0

A treatment program is considered successful if the objectives determined jointly by the Pendleton treatment agent and the parent and/or teacher are met such that (1) the child is able to function acceptably in his natural environment (i.e., home and school), and (2) the parent or teacher has been taught procedures for managing the child constructively.

$$\text{Success rate} = \frac{A}{A+C+D+E+M+N} = \frac{187}{248} = 75\%$$

$$\text{RTP} = \frac{A}{A+C+D+E+M+N} =$$

Sub samples: For those cases that were terminated after participating only in the summer, 1974, Day Care Program and the Residential Treatment Program the success rates are calculated below:

$$\text{Summer, 1974 Day Care Program} = \frac{A}{A+C+D+E+M+N} = \frac{4}{4+4+0+0+0+0} = \frac{4}{8} = 50\%$$

Residential Treatment Program =

$$\frac{A}{A+C+D+E+M+N} = \frac{33}{33+5+0+0+0+0} = \frac{33}{38} = 86\%$$

The Career Awareness Program

Many children develop anti-social habits because they believe that the opportunities for the "good life" are closed to them. The Career Awareness Program is designed to correct this misperception.

The program is divided into three levels; orientation, exploration and mastery levels. The individual can move from one level to another by demonstrating competence in the level he is functioning.

Each level is sequentially planned and more difficult than the preceding one. Below are the program levels and a brief descriptive statement of each:

Level I - Orientation - to introduce the student to various careers in his immediate environment and to involve parents in various planned activities.

Level II - Exploration - to provide contact with various career situations in order to encourage the child to explore career opportunities and gain some knowledge concerning the world of work.

Level III - Mastery - this level allows the child to express his own ideas about career awareness and is an evaluation means of assessing how much learning has been gained as a result of the previous levels. This is an independent level which allows each child to work at his own rate of competence.

Entry levels of the children will be measured by the Comprehensive Career Assessment Scale (Jackson, 1974). Outcomes will be measured at each level by a variety of evaluation procedures and clinical observation.

Social Competence Program

Social Competence Development Program is comprised of five instructional units all geared toward increasing and reinforcing positive elements of social development. These units are: social skills class, good news board, affective learning class, relaxation and desensitization therapy, and academic tutoring. The Social Competence Development Program, while conforming within the general guidelines of the Pendleton Project behavior management program, seeks to increase self awareness, to encourage a healthy self-image

and to replace negative behaviors with more socially acceptable means of communication (Goldiamond, 1974).

Social Skills Class - Social skills class is conducted for a half hour four evenings per week with every resident participating. The objectives of the class are as follows:

(1) to help residents develop an awareness of communication needs,

(2) to help residents develop positive attitudes toward communication,

(3) to help residents develop an awareness of a variety of acceptable communication skills,

(4) to help residents discriminate between acceptable and unacceptable communication skills,

(5) to allow residents practice in using communication skills to solve problems.

Methods used in the class include discussion, modeling by use of a tape recorder, drills, and role playing.

While the general Pendleton Project focus is on eliminating undesirable target behaviors, the evening program specifically aims to teach acceptable behavior with which to replace the aggressive and maladaptive behaviors and to provide an environment for practicing or rehearsing these skills which may increase the probability of their use in other environments (Kevin B. McGovern, et. al., 1975).

Good News Board - Another unit of the evening program which also focuses on positive elements is the Good News Board. Following the evening meal, each resident generates an item of good news which

is written on a blackboard. A resident's news must be about someone or something other than himself. A vote is taken to select the best news of the day and the contributor of that news is line leader for the evening.

The objective of the Good News Board is to place emphasis on positive rather than negative happenings. This encourages a resident not only to look for and remember positive events but demands he look for these in relationship to others, not himself. The Good News Board also allows residents to hear positive statements about himself from his peers as well as from staff members (DeJarnette Center for Human Development).

Affective Learning Class - The Affective Learning Class is conducted for a half hour four evenings per week with every resident participating. The objectives of the class are as follows:

(1) to help residents develop an awareness of feelings and personal concerns,

(2) to lead residents toward an understanding of himself and others,

(3) to help residents vocalize and act upon personal concerns to achieve a productive outcome.

These objectives are achieved through group discussion and interaction and through role playing.

The Affective Learning Class consists of sessions concerning moral decision making. According to Kolberg (1973), the development of moral judgment occurs in a hierarchical structure consisting of six stages. Each stage is more difficult to comprehend than the previous one, therefore, Kolberg (1974) states that "moral education

should not be aimed at teaching some specific set of morals but should be concerned with developing the organizational structures by which one analyzes, interprets and makes decisions about social problems."

From this premise, the moral decision making sessions are developed by the Residential Treatment Team.

The main objectives of the sessions are:

(1) to establish the level development of each child in residency,

(2) to introduce situations and variables that encouraged moral decision making,

(3) to provoke discussion concerning the premise of each decision,

(4) to introduce possible alternatives related to the stage developmental hierarchy.

The composite of objectives is aimed at stimulating the development of vertical and horizontal growth in the moral decision making stages.

Systematic Desensitization - Within the curriculum design for the Social Competence Development Program, a series of group relaxation training sessions is prepared for particular individuals who have been found to need more extensive concentration in controlling anxieties and its resultant behaviors.

Systematic desensitization was formally developed by Joseph Wolpe (1958) as a psychotherapeutic procedure for the treatment of certain persistent and learned maladaptive behaviors (situations - specific anxieties, fears, phobias).

The treatment process involves confronting the client with actual or symbolic representations of events which inappropriately produce anxiety while the client performs a relaxation behavior which is antagonistic to anxiety. This procedure is based on the principle of reciprocol inhibition.

At the Pendleton Residential Treatment Unit, systematic desensitization technique is considered a self-control training tool for the reduction of anxiety. Mastery of this training will facilitate self-control in a variety of anxiety provoking situations outside of the residential unit (Golkfried, 1971).

The results of desensitization techniques, though of course totally subjective, nonetheless suggest an effectiveness which will be further pursued through the use of biofeedback systems (EMG).

The biofeedback training program starting from January, 1976, will enable the therapist to electronically monitor an individual's physiological processes and make these findings immediately known to the subject by means of external stimulus such as tone (auditory) and signal (visual) responses.

Application of this training can be a valuable clinical tool for learning self control by allowing the child to acquaint himself with those physical reactions to stress for which he formerly believed he had little or no control over.

Program Evaluation - In addition to the extensive observation, monitoring and recording of residents' behavior throughout the Residential Treatment Unit, the Social Competence Development Program utilizes checklists, Piers-Harris Children's Self Concept Scale (Piers-Harris, 1969), and class ratings to evaluate progress.

A behavior checklist aimed at determining the degree of social skill development is completed by a child's parents and/or teachers before residential treatment. During the first week of residency, the staff also completes the checklist and the child is asked to evaluate himself with the checklist. These checklist ratings are then done by the same three or four agents at the termination of residential treatment.

The Piers-Harris Children's Self Concept Scale is administered to a child before residency. The six factor clusters, (1) behavior, (2) intellectual and school status, (3) physical appearance and attributes, (4) anxiety, (5) popularity, (6) happiness and satisfaction, are used both in planning individual treatment in the evening program and in determining success within the program upon completion of residential intervention.

The social skills class behavior of each resident is rated on a basis of one to five in three areas: (1) self control, (2) task performance, (3) classroom attitude. The Affective Learning is evaluated in three areas also: (1) participation, (2) attitude, (3) interaction. These ratings in combination with continuous monitoring records and daily points earned provide an accurate picture of daily and weekly progress achieved by each resident.

Classroom Intervention Through Teacher Inservice Training Program

The competency of an elementary teacher in classroom management often determines whether a student's behavior will lead to suspension or expulsion, and result in contact with the Juvenile Justice System.

Therefore, the Pendleton Project has developed an in-service training program to teach effective classroom management. This

classroom management course is offered through Old Dominion University (ODU EFSMI-497).

There are three groups of teachers. Each teacher has matched a disruptive child with a normal child in the study design:

(1) Experimental group teachers are enrolled in the three credit classroom management course. A Pendleton classroom teacher will conduct a demonstration class for the chosen disruptive children.

(2) Teachers in Control Group I will take a one-credit classroom management course without having supervised field experience. They will monitor the behavior of both disruptive and normal children selected for the study.

(3) Teachers in Control Group II will not be eligible to take either course, but will be monitoring the classroom behavior of their selected children.

Data collected on both types of children, disruptive and matched normal, over a six to eight week intervention period and a four week follow-up period will be analyzed through behavior charts for each subject and through Wilcoxon Matched Pairs Signed Rank Test (Siegel, 1956, pp. 166-172). This data will measure the effectiveness of teacher training with supervised field experience and the effectiveness of teacher training without the field experience when compared to the group of teachers with no training intervention.

Videotape for the experimental classroom will be analyzed for identifying the most effective desist techniques for the variety of classroom misbehaviors.

The Pendleton Project training team will duplicate this pilot study in the Chesapeake and Virginia Beach Public Schools.

Staff Opinions of Their Practice and of the Pendleton Project

Presented here are the results of the opinionnaire that was recently distributed. The instrument consisted of two attitude measures. These data together with interpretations were prepared for the information of the Pendleton staff.

1. Attitude Toward Your Practice (i.e., job) Exhibit 3-32

This scale was developed by H. W. Bues in 1934. Over the years, the scale has demonstrated adequate reliability and encouraging evidence concerning validity. The scale consists of 37 statements about a particular practice. Each statement has a value or weight (range 1.0 to 11.0) associated with it. The median value of the total scale is 6.9. Higher scores indicate a favorable attitude toward the practice (Shaw & Wright, 1967).

Subjects are asked to place a plus mark (+) before each statement with which they agree with reference to the particular practice under consideration. The attitude score is the median (md.) of the scale values of the items marked to show agreement.

Results are presented as the median of the sub-group scores in rank order together with each sub-group range.

The score for the total Project personnel is the grand median ($\bar{md}$.) of the sub-group medians together with the range of the sub-group medians.

Attitude Toward Your Practice (i.e., Job) (37 items)

Sub-group Rank Order	Md.	Range	Max.	Min.
1. Support Persons (N=4)	9.5	0.6	9.8	9.2
2. Teacher/Counselors, Rec. Supervisor & Res. Nurse (N=7)	9.2	1.7	9.8	8.1

	Md.	Range	Max.	Min.
3. Link-Pins (N=3)	9.1	1.1	9.5	8.4
4. Project Services Team (N=8)	8.85	1.4	9.5	8.1
5. Child Care Wkrs. (N=4)	8.75	1.0	9.5	8.5
6. Clerical Staff (N=3)	8.1	3.7	9.7	6.0
Total Group (N=20)	8.97	1.4	9.5	8.1

These data indicate that as a group the collective attitude toward the job resides in about the 81st percentile with respect to the attitude measure. This may be interpreted to mean that this group has an attitude toward the job that is superior to 80% of the attitudes that the scale measures. These may be regarded as very encouraging results.

2. Attitude Toward an Institution (i.e., Pendleton Project)

Exhibit 10-17

This scale was developed by I.B. Kelly in 1934. It can be regarded as having a reasonable degree of reliability as well as concurrent and content validity. The scale consists of 45 statements about a particular institution. Each statement has a value or weight (range 1.6 to 11.2) associated with it. The median value of the total scale is 6.1. Higher scores indicate a favorable attitude toward the institution (Shaw & Wright, 1967).

Subjects are asked to place a plus mark (+) before the items with which they agree. The attitude score is the median (md.) of the scale values of the items with which the subject agrees.

Results are presented as the median of the sub-group scores in rank order together with each sub-group range.

The score for the total Project personnel is the grand median ($\bar{m}$d.) of the sub-group medians together with the range of the sub-group medians.

Attitude Toward an Institution (i.e., Pendleton Project)

(45 items)

Sub-Group Rank Order	Md.	Range	Max.	Min.
1. Support Persons (N=4)	10.1	0.7	10.8	10.1
2. Link-Pins (N=3)	9.8	0.2	9.9	9.7
3. Child Care Wkrs. (N=3)	9.75	0.3	9.8	9.5
4. Teacher/Counselors, Rec. Supervisor, & Res. Nurse (N=7)	9.7	1.0	9.9	8.9
5. Clerical Persons (N=3)	9.5	0.3	9.6	9.3
6. Project Services Team (N=8)	9.2	2.7	9.7	7.0
	$\bar{Md}$.	Range	Max.	Min.
Total Group (N=28)	9.725	0.9	10.1	9.2

These data indicate that as a group the employees of the Pendleton Project have a collective attitude toward the Project that resides in about the 83rd percentile with respect to the attitude measure.

This may be interpreted to mean that this group holds an attitude toward the Project that is superior to 82% of the attitudes that the scale measures. These may be regarded as very encouraging results.

EXHIBIT 3-32

ATTITUDE TOWARD ANY PRACTICE

Directions: Following is a list of statements about practices. Place a plus sign (+) before each statement with which you agree with reference to the practice or practices listed. Your score will in no way affect your grade in any course.

Form A

Scale value		
11.0	1	Is better than anything else.
10.3	2	I like this practice better than anything I can think of.
10.8	3	Is profitable to everyone.
10.6	4	Is very worth while.
*10.0	5	Has an irresistible attraction for me.
9.8	6	I enjoy this practice.
9.8	7	Is liked by almost everyone.
*9.7	8	I like this practice too well to give it up.
9.5	9	Makes for happier living.
*9.2	10	Serves a good purpose.
*8.9	11	Develops co-operation.
*8.6	12	Should be appreciated by more people.
8.4	13	Is being accepted more and more as time goes on.
*8.1	14	Has advantages.
7.9	15	If this practice were used more it would develop into a good one.
*7.5	16	There is no reason for stopping this practice.
7.2	17	Is all right as a pastime.
7.0	18	I like this practice a little.
6.9	19	Is all right in some cases.
*6.8	20	Is all right in a few cases.
*6.0	21	My likes and dislikes for this practice are balanced.
*5.6	22	I dislike this practice but I do not object to others liking it.
*4.9	23	Isn't so bad but it is very boring.
4.5	24	Has limitations and defects.
4.4	25	I like many practices better than this one.
4.0	26	Has several disadvantages.
*3.8	27	Has several undesirable features.
3.4	28	Is disliked by many people.
*3.2	29	Should not be tolerated when there are so many better ones.
3.0	30	Is not endorsed by logical-minded persons.
*2.6	31	Life would be happier without this practice.
2.5	32	Cannot benefit anyone who has common sense.
*2.2	33	Is a waste of time and money.
*1.8	34	Accomplishes nothing worth while either for the individual or society.
1.4	35	Is sinful.
1.2	36	I hate this practice.
*1.0	37	Is the worst thing I know.

(Shaw & Wright, 1967)

EXHIBIT 10-17

ATTITUDE TOWARD ANY INSTITUTION

Following is a list of statements about institutions. Place a plus sign (+) before each statement with which you agree about the institution or institutions listed at the left of the statements. The person in charge will tell you the institution or institutions to write in at the head of the columns to the left of the statements. Your score will in no way affect your grade in any course.

Form A

Scale Value		
11.2	1	Is perfect in every way.
11.1	2	Is the most admirable of institutions.
11.1	3	Is necessary to the very existence of civilization.
11.0	4	Is the most beloved of institutions.
10.8	5	Represents the best thought in modern life.
10.5	6	Grew up in answer to a felt need and is serving that need perfectly.
*10.3	7	Exerts a strong influence for good government and right living.
10.2	8	Has more pleasant things connected with it than any other institution.
10.2	9	Is a strong influence for right living.
10.2	10	Gives real help in meeting moral problems.
10.1	11	Gives real help in meeting social problems.
9.3	12	Is valuable in creating ideals.
9.8	13	Is necessary to the very existence of society.
9.7	14	Encourages social improvement.
*9.5	15	Serves society as a whole well.
9.3	16	Aids the individual in wise use of leisure time.
*9.1	17	Is necessary to society as organized.
*8.9	18	Adjusts itself to changing conditions.
*8.8	19	Is improving with the years.
*8.2	20	Does more good than harm.
*7.4	21	Will not harm anybody.
*6.4	22	Inspires no definite likes or dislikes.
*6.1	23	Is necessary only until a better can be found.
*5.4	24	Is too liberal in its policies.
5.3	25	Is too conservative for a changing civilization.
4.9	26	Does not consider individual differences.
*4.8	27	Is losing ground as education advances.
4.5	28	Gives too little service.
4.4	29	Represents outgrown beliefs.
4.2	30	Gives no opportunity for self-expression.
*3.5	31	Promotes false beliefs and much wishful thinking.
3.3	32	Is too selfish to benefit society.
*3.1	33	Does more harm than good.
3.0	34	Is cordially hated by the majority for its smugness and snobbishness.
2.9	35	Satisfies only the most stupid with its services.
2.8	36	Is hopelessly out of date.
*2.7	37	No one any longer has faith in this institution.
2.3	38	Is entirely unnecessary.
*2.2	39	Is detrimental to society and the individual.
2.1	40	The world would be better off without this institution.
2.0	41	Is in a hopeless condition.
1.9	42	Will destroy civilization if it is not radically changed.
1.8	43	Never was any good.
*1.7	44	Benefits no one.
*1.6	45	Has positively no value.

(Shaw & Wright, 1967)

CHAPTER V

PROJECT MANAGEMENT AND PERSONNEL

Management Board

Presented here is a detailed listing of the members of the Management Board for 1975 and 1976 with executive committee members so noted by asterisks.

On December 4, 1975, an election of new officers occurred at the Management Board meeting. The following officers were elected to the respective positions and will assume office on January 1, 1976:

Chairman:	Mr. W. D. Clark, Director Department of Social Services Chesapeake, Virginia
Vice Chairman:	Mr. Charles H. Merritt, Asst. Commissioner Department of Vocational Rehabilitation Richmond, Virginia
Secretary:	Mr. Gordon Turner, Chief Juvenile Probation Department Virginia Beach, Virginia

PENDLETON PROJECT MANAGEMENT BOARD - 1975

Dr. Laura Morris, Director
Department of Health
Civic Center
Chesapeake, Va. 23320

Mr. W. D. Clark, Director
Dept. of Social Services
100 Outlaw Street
Chesapeake, Va. 23320

*Dr. Kenneth Fulp
Dept. of Education
300 Cedar Road
Chesapeake, Va. 23321

Chief R. A. Lakoski
Police Department
304 Albemarle Drive
Chesapeake, Va. 23320

Mr. Donald Peebles
Chapter 10 Board
1301 Jerome Street
Chesapeake, Va. 23324

Hon. E. P. Grissom
Juv. & Domestic Relations Ct.
300 Cedar Road
Chesapeake, Va. 23321

Dr. William Crawford, Dir.
Dept. of Public Health
Municipal Center
Virginia Beach, Va. 23456

*Mrs. Frances Elrod, Dir.
Dept. of Social Services
Municipal Center
Virginia Beach, Va. 23456

Dr. E. E. Brickell, Supt.
Virginia Beach Public Schools
Municipal Center
Virginia Beach, Va. 23456

Col. W. W. Davis, Chief
Department of Police
Municipal Center
Virginia Beach, Va. 23456

*Mr. Gordon Turner, Chief
Juvenile Probation Dept.
Municipal Center
Virginia Beach, Va. 23456

Mr. Gary Farmer, Director
Juvenile Court Services
1202 20th Street
Chesapeake, Va. 23320

Mr. John Aycock, Director
Mental Health Services Board
Pembroke I, Suite 103
281 Independence Blvd.
Virginia Beach, Va. 23462

Hon. Fred Aucamp
Juv. & Domestic Relations Court
Municipal Center
Virginia Beach, Va. 23456

*Mr. George Tinnes
Assistant to the City Manager
Municipal Center
Virginia Beach, Va. 23456

Dr. Sam Graham, Dir. of Local Hlth. Ser.
State Department of Health
James Madison Building
Richmond, Va. 23208

Ms. Jacqueline Raulerson, Reg. Rep.
Dept. of Mental Hlth. & Retardation
P.O. Box 1797
Richmond, Va. 23214

Mr. Carl Cimino
Division of Justice & Crime Prevention
8501 Mayland Drive
Richmond, Va. 23229

Miss Helen Hill
Department of Education
9th Street Office Building
Richmond, Va. 23219

*Ms. Vickie Montgomery
City Manager's Office
City of Chesapeake
Chesapeake, Va. 23320

*Mr. Charles H. Merritt, Assis. Comm.
Dept. of Vocational Rehabilitation
4615 West Broad Street
Richmond, Va. 23230

Mr. Herbert Krueger, Spec. Assistant
State Department of Welfare
8007 Discovery Dr., Box K - 176
Richmond, Va. 23288

Mr. Otis Brown, Secy. of Human Affairs
Office of the Governor
910 Capitol Street
Richmond, Va. 23219

Maj. Gen. William J. McCaddin
National Guard
506 9th Street Office Building
Richmond, Va. 23219

*Mr. William E. Weddington
Director of Youth Services
Department of Corrections
203 Turner Rd.
Richmond, Va. 23235

* indicates Executive Committee

PENDLETON PROJECT MANAGEMENT BOARD - 1976

*Dr. Laura Morris, Director
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Director of Youth Services
Department of Corrections
203 Turner Rd.
Richmond, Va. 23235

* indicates Executive Committee

Personnel

Presented here is the current distribution of staff together with the dates of employment. As of December 31, 1975, the 33 positions were filled with 32 regulars and 6 substitutes. Applications are now being taken for the Teacher/Counselor position which became vacant August 15, 1975.

There are no anticipated terminations.

I. Administration

A. Director, Richard C. Pooley, Ph.D., 9/25/73

B. Assistant to the Director, Joseph J. O'Rourke, 1/28/74

II. Clerical

A. Secretary II, Nancy Sandloop, A.A.S., 8/20/73

B. Clerk Typist II, Rosemary Spinelli, 4/7/75

C. Account Clerk III, Alison Ruttenberg, 8/7/73

III. Project Services Team

A. Virginia Beach Social Worker, Faye Craighead, B.A., 10/1/75

B. Virginia Beach Probation Officer, Mary Johnson, B.A., 8/1/73

C. Chesapeake Educational Specialist, Raymond Bloomer, B.S., 1/2/75

D. Virginia Beach Educational Specialist, Anne Shows, B.A., 9/3/74

E. Chesapeake Social Worker, Sandra Nozzarella, B.S., 10/1/74

F. Virginia Beach Public Health Nurse, Billie Walker, R.N., 9/16/74

G. Comprehensive Mental Health Program, Psychiatric Social Worker, Catherine Chapin, M.S.W., 7/16/75

H. Chesapeake Probation Officer, Peter Prizzio, M.Ed., 7/1/74

IV. Diagnostic Team

A. Psychologist, Richard Shea, Ph.D., 9/16/73

B. Educational Psychologist, Bong-soo Eun, Ph.D. (abd), 10/14/74

V. Residential Treatment Team

A. Teacher/Counselors

1. Fred Rowlands, B.A., 11/1/73
2. Henry Lee, B.S., Special Ed., 7/15/74
3. Donna Beckett, B.S., Special Ed., 8/7/74
4. Doris Brody, B.A., 8/16/74
5. Ann Ackerman, M.S., 7/1/75
6. Vacant

B. Nurse, Dorothy Nichols, R.N., 7/28/75

C. Recreational Supervisor, Craig Johnson, B.S., 4/8/74

D. Child Care Workers

1. Shelid Stevenson, 4/16/74
2. Jody DeCaro, 9/16/74
3. Rose Marie Paganelli, B.S., 1/16/75
4. Margaret Kocen, B.A., 5/1/75
5. Virginia Aygarn, B.S., 5/16/75

VI. Residential Maintenance Staff

A. Custodian, Johnnie Brown, 1/28/74

B. Maintenance Mechanic, John Elliott, 9/16/74

C. Cooks

1. Milford Dunbar, 6/24/74
2. Bettye Nickens, 9/3/74
3. Francis Williams, 10/1/74

VII. Substitutes

A. Rhonda Nicholl, B.S., 6/10/75

B. Phyllis Pashayan, B.A., 9/16/75

C. Sia Pappas, B.S., 11/7/75

D. Donnell Taborn, B.S., 11/18/75

E. Karyl Bianco, 11/24/75

F. Jennie Andrews, B.S., 12/1/75

CHAPTER VI

PROJECT EXPENDITURE ANALYSIS

Summary

Presented here is an expenditure analysis as of December 31, 1975. These figures reflect all expenditures and encumbrances to date with the exception of $5,775.14 of personnel expenditures which are not shown. The reason for these expenditures not being shown is that the agencies with whom the Project Services Team members share their joint appointment have failed to invoice us for the month of December, 1975.

There are additional expenditures in the area of Consultants which are not reflected in this report as a result of a sub-contract with Old Dominion University for data processing work. Work has been done by ODU, however, no invoice has been received to date.

It is anticipated that all funds will be encumbered and expended within the grant period and no additional funds will be needed to complete the fiscal year.

EXPENDITURE ANALYSIS

As of December 31, 1975

DJCP Budget Categories	Budget Allocation	Expenditures To Date	Unencumbered Balance	Percent of Expend.
A. Personnel	$322,306.00	$139,062.31	$183,243.69	43.14%
B. Consultants	14,471.00	-0-	14,471.00	-0-
C. Travel	13,969.00	5,818.43	8,150.57	41.65%
D. Equipment	6,114.00	4,167.49	1,946.51	68.16%
E. Construction	3,750.00	-0-	3,750.00	-0-
F. Operating Expense	40,501.00	12,136.45	28,364.55	29.96%
TOTAL	$401,111.00	$161,184.68	$239,926.32	40.18%

PENDLETON PROJECT

Grant #75-A3006

Detail of "Other Expenses"

As of December 31, 1975

Postage	$ 311.75
Telephone and Telegraph	1,252.10
Electric Current	1,086.02
Data Processing Services	-0-
Membership Dues and Subscriptions	316.39
Printing	190.95
Water Service	139.98
Sewer Service	83.62
Laundry Service	423.23
Photographic Services	66.68
Liability Insurance	-0-
Repairs to Buildings and Grounds	442.15
Repairs to Automotive Equipment	163.62
Repairs to Office Equipment	238.10
Other Contracted Services	301.10
Building Supplies	176.43
Janitorial Supplies	339.02
Educational Supplies	639.90
Food Supplies	3,710.33
Stationery and Office Supplies	1,783.41
Recreational Supplies	86.00
Small Tools	15.08
Material and Supplies	52.69
Medical Supplies	86.56
Household Furnishings and Supplies	189.69
Photographic Supplies	41.65
TOTAL	$12,136.45

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